

## 000 365

*Please answer all of the questions listed below.*

This form must be signed by a department head or agency director. Email a PDF of the form to [executivecouncil@iowa.gov](mailto:executivecouncil@iowa.gov)

## MAY 31 2011

000 366

**Please answer all of the questions listed below.**

Page 1 of 1

**EXECUTIVE COUNCIL**  
**Out-Of-State Travel Waiver Justification**

000 367

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.  
If more than one employee is traveling, a separate form must be completed for each person.  
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

*Please answer all of the questions listed below.*

Number of People on Trip: 5 (in total) Contact E-mail: Don.stursma@iub.iowa.gov  
Name of Person Attending: Don Stursma Working Title: Manager – Safety & Engineering  
Department: Commerce Division/Bureau/Section: IUB / Safety and Engineering  
Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ Reason for Travel: Pipeline Safety Training – PHMSA required  
(If No – you **DO NOT** need this waiver.)  
City (Cities) Traveling To: Denver, Colorado Dates of Travel: 06/27/2011 – 06/30/2011  
(If after June 30, 2011 – you **DO NOT** need this waiver.)  
Funding Source: ☐ Appropriated State: 50% X Federal: 50% X Other:     % If Other, Specify: 50% Federal/50% revolving funds charged to gas utility companies  
(If the coding for the travel claim is appropriation 0000 – you **DO NOT** need this waiver.)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$946.82

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date: \_\_\_\_\_

Reason for Travel Waiver (Select one)

- ☐ Fulfills statutorily required duties. (Cite the specific statute.) \_\_\_\_\_
- ☐ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) \_\_\_\_\_
- X Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)

This course introduces the new federal pipeline safety standards for Distribution Integrity Management for natural gas utility companies. The Iowa Utilities Board is certified by and receives grant funds from the US Department of Transportation under 49 USC Chapter 601 to inspect gas companies for compliance with federal pipeline safety standards. To meet federal inspection expectations and avoid grant penalty the IUB must have sufficient technical staff trained in the new regulations and federal inspection protocols and ready to begin inspections later this year. This class would provide that training.

Department Director Signature: Elizabeth S. Jacobs Date: 5-20-11  
Department Director Printed Name: Elizabeth S. Jacobs

**Additional information to assist you in completing this form.**  
**See Fact Sheet for more complete information.**

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

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department head or agency director.  
Email a PDF of the form to  
[executivecouncil@iowa.gov](mailto:executivecouncil@iowa.gov) Executive  
Council Approval*

**APPROVED**  
**Executive Council**  
**MAY 31 2011**

**This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.**  
**If more than one employee is traveling, a separate form must be completed for each person.**  
**See the Executive Council Waiver for Out of State Travel Fact Sheet for details.**

Number of People on Trip: 5 (in total)

Name of Person Attending: Jeffrey O'Neal

Department: Commerce

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒  
(If No – you **DO NOT** need this waiver.)

City (Cities) Traveling To: Denver, Colorado

Funding Source: ☐ Appropriated State: 50% ☒ Federal: 50% ☐ Other:     % If Other, Specify:       
(If the coding for the travel claim is appropriation 0000 - you **DO NOT** need this waiver.)

Contact E-mail: jeffrey.oneal@iub.iowa.gov

Working Title: Utilities Regulation Engineer

Division/Bureau/Section: IUB / Safety and Engineering

Reason for Travel: Pipeline Safety Training – PHMSA required

Dates of Travel: 06/27/2011 – 06/30/2011  
(If after June 30, 2011 – you **DO NOT** need this waiver.)

50% Federal/50% revolving funds charged to gas utility companies

**Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc):** \$946.82

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date: \_\_\_\_\_

☐ Fulfills statutorily required duties. (Cite the specific statute.) \_\_\_\_\_

☐ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) \_\_\_\_\_

X Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.) \_\_\_\_\_

This course introduces the new federal pipeline safety standards for Distribution Integrity Management for natural gas utility companies. The Iowa Utilities Board is certified by and receives grant funds from the US Department of Transportation under 49 USC Chapter 601 to inspect gas companies for compliance with federal pipeline safety standards. To meet federal inspection expectations and avoid grant penalty the IUB must have sufficient technical staff trained in the new regulations and federal inspection protocols and ready to begin inspections later this year. This class would provide that training.

Department Director Signature: Elizabeth S. Jacobs Date: 5-20-11

Department Director Printed Name: Elizabeth S. Jacobs

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MAY 31 2011

# EXECUTIVE COUNCIL

## Out-Of-State Travel Waiver Justification

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See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

*Please answer all of the questions listed below.*

Number of People on Trip: 5 (in total) Contact E-mail: mark.shill@iub.iowa.gov  
Name of Person Attending: Mark Shill Working Title: Utilities Regulation Inspector  
Department: Commerce Division/Bureau/Section: IUB / Safety and Engineering  
Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ Reason for Travel: Pipeline Safety Training – PHMSA required  
(If No – you **DO NOT** need this waiver.)  
City (Cities) Traveling To: Denver, Colorado Dates of Travel: 06/27/2011 – 06/30/2011  
(If after June 30, 2011 – you **DO NOT** need this waiver.)  
Funding Source: ☐ Appropriated State: 50% X Federal: 50% X Other:     % If Other, Specify: 50% Federal/50% revolving funds charged to gas utility companies  
(If the coding for the travel claim is appropriation 0000 – you **DO NOT** need this waiver.)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$946.82

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date: \_\_\_\_\_

Reason for Travel Waiver (Select one)

- ☐ Fulfills statutorily required duties. (Cite the specific statute.) \_\_\_\_\_
- ☐ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) \_\_\_\_\_
- X ☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)

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Department Director Signature: Elizabeth S. Jacobs Date: 5-20-11  
Department Director Printed Name: Elizabeth S. Jacobs

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[executivecouncil@iowa.gov](mailto:executivecouncil@iowa.gov) Executive*

**Council Approval  
APPROVED  
Executive Council**

**MAY 31 2011**



# EXECUTIVE COUNCIL

## Out-Of-State Travel Waiver Justification

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If more than one employee is traveling, a separate form must be completed for each person.  
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

*Please answer all of the questions listed below.*

Number of People on Trip: <u>5 (in total)</u>	Contact E-mail: <u>larry.sorensen@iub.iowa.gov</u>
Name of Person Attending: <u>Larry Sorensen</u>	Working Title: <u>Utilities Regulation Inspector</u>
Department: <u>Commerce</u>	Division/Bureau/Section: <u>IUB / Safety and Engineering</u>
Will this trip require an overnight stay outside of Iowa? No: <input type="checkbox"/> Yes: <input checked="" type="checkbox"/> (If No – you <b>DO NOT</b> need this waiver.)	Reason for Travel: <u>Pipeline Safety Training – PHMSA required</u>
City (Cities) Traveling To: <u>Denver, Colorado</u>	Dates of Travel: <u>06/27/2011 – 06/30/2011</u> (If after June 30, 2011 – you <b>DO NOT</b> need this waiver.)
Funding Source: <input type="checkbox"/> Appropriated State: <u>50%</u> X Federal: <u>50%</u> X Other: <u>    </u> % If Other, Specify: <u>50% Federal/50% revolving funds charged to gas utility companies</u> (If the coding for the travel claim is appropriation 0000 – you <b>DO NOT</b> need this waiver.)	
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc):	<u>\$946.82</u>
Does this Trip Require Executive Council Approval for Conference/Convention? No: <input checked="" type="checkbox"/> Yes: <input type="checkbox"/>	
If Yes, Have You Received Approval? No: <input type="checkbox"/> Yes: <input type="checkbox"/> If Yes, Date: _____	
Reason for Travel Waiver (Select one)	
<input type="checkbox"/> Fulfills statutorily required duties. (Cite the specific statute.) _____	
<input type="checkbox"/> Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) _____	
<input checked="" type="checkbox"/> Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)	
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Department Director Signature: <u>Elizabeth S Jacobs</u>	Date: <u>5-20-11</u>
Department Director Printed Name: <u>Elizabeth S Jacobs</u>	

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[executivecouncil@iowa.gov](mailto:executivecouncil@iowa.gov) Executive  
Council Approval*

**APPROVED  
Executive Council**

**MAY 31 2011**

000 371

***Please answer all of the questions listed below.***

Department Director Signature:  Date: 5-25-11

Department Director Printed Name: ROGER LANDE

*This form must be signed by a department head or agency director. Email a PDF of the form to [executivecouncil@iowa.gov](mailto:executivecouncil@iowa.gov)*

Executive Council Approval  
**APPROVED**  
Executive Council  
MAY 31 2011

## 000 372

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.  
If more than one employee is traveling, a separate form must be completed for each person.  
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Number of People on Trip: 2 Contact E-mail: MELISSA.SPEED@DNR.IOWA.GOV

Name of Person Attending: Michael Hermesen Working Title: Environmental Engineer

Department: Department of Natural Resources Division/Bureau/Section: ESD, AQB, Construction Permits

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Kansas City, MO Dates of Travel: 04/26/11 to 04/28/11  
(If after June 30, 2011 – you **DO NOT** need this waiver.)

Funding Source: ☐ Appropriated State:     % ☐ Federal: ☒ Other: 100% If Other, Specify: Title V Fees  
(If the coding for the travel claim is appropriation 0000 - you **DO NOT** need this waiver.)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$200

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date:                     

☐ Fulfills statutorily required duties. (Cite the specific statute.) \_\_\_\_\_

☐ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) \_\_\_\_\_

☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the line below. (If nonrefundable ticket is the justification, date of purchase is required.) \_\_\_\_\_

The Carb #246 Aggregate, Concrete Batch, and Hot Mix Asphalt Plant training is not funded by general fund monies and is funded by Title V Fees. Carb #246 Aggregate, Concrete Batch, and Hot Mix Asphalt Plant located in Kansas City, MO serves has a benefit to industry in allowing me the ability to process applications in a more efficient and timely manner. The state of Iowa has over 200 to 300 plants that are subject to both Federal and State regulation and training of this nature will allow better understanding and process applications from the Aggregate, Concrete Batch and Hot Mix Asphalt industries. In addition, Federal regulations that govern these operations have been modified and the Carb training opportunity will provide information related to the federal rule changes. This training opportunity allows me to better serve industry by gaining knowledge as related to Aggregate, Concrete Batch and Hot Mix Asphalt industries.

*A. Tuck*

Date:

5-95-

Department Director Printed Name: ROGER LANDE

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**Executive Council Approval**

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**APPROVED**  
**Executive Council**

MAY 31 2011



000 373

**EXECUTIVE COUNCIL**  
**Out-Of-State Travel Waiver Justification**

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*Please answer all of the questions listed below.*

Number of People on Trip: One

Name of Person Attending: Dr. Ann Touney Working Title: Staff Physician

Department: Iowa Veterans Home Division/Bureau/Section: Veterans Affairs

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☐ (If No, you do not need this waiver)

City (Cities) Travelling To: Schaumburg, Illinois Dates of Travel: 6/4/11 - 6/11/11

Funding Source: ☐ Appropriated State: 12% ☐ Federal: 26% ☐ Other: 62% If Other, Specify: Self Generated Funds  
(If the appropriated state funds are 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): 2826.52

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date: \_\_\_\_\_

Reason for Travel Waiver (Select one)

☐ Fulfills statutorily required duties (Cite the specific statute) \_\_\_\_\_

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) \_\_\_\_\_

☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

This Course will provide a review and updates on current knowledge and practice recommendations for Internal Medicine. In Dr. Touney's work at the Iowa Veterans Home this information will aid in the care of our residents and will be shared with the other medical staff.

Department Director Signature: David G. Vorkley Date: 5/24/11

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**Additional information to assist you in completing this form.**  
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**Executive Council Approval**

**APPROVED**  
**Executive Council**  
**MAY 31 2011**

## 000 374

*Please answer all of the questions listed below.*

*This form must be signed by a department head or agency director. Email a PDF of the form to [executivecouncil@iowa.gov](mailto:executivecouncil@iowa.gov)*

## MAY 31 2011

# EXECUTIVE COUNCIL

## Out-Of-State Travel Waiver Justification

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If more than one employee is traveling, a separate form must be completed for each person.  
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*Please answer all of the questions listed below.*

Number of People on Trip: 1

Name of Person Attending: Kathleen Beebout Working Title: Health Professional Investigator

Department: Public Health Division/Bureau/Section: Nursing Board

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Chicago, IL Dates of Travel: April 3, 2011 – April 5, 2011

Funding Source: ☐ Appropriated State:     % ☐ Federal:     % ☐ Other: 100% If Other, Specify: NCSBN Reimbursement  
(If the appropriated state funds are 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$1356.72

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☐ If Yes, Date:     

Reason for Travel Waiver (Select one)

- ☐ Fulfills statutorily required duties (Cite the specific statute)
- ☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)
- ☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

Iowa utilizes the outcome of this committee to access, develop and promote best practices to licensure and regulatory laws and rules that are uniform among states.

Department Director Signature Mariannette Miller-Meeks Date: 5/23/11

Mariannette Miller-Meeks, MD

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**Executive Council Approval**

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**MAY 31 2011**

**EXECUTIVE COUNCIL**  
**Out-Of-State Travel Waiver Justification**

000 376

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.  
If more than one employee is traveling, a separate form must be completed for each person.  
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

*Please answer all of the questions listed below.*

Number of People on Trip: 1 Contact E-mail: melanie.rasmusson@idph.iowa.gov  
Name of Person Attending: Melanie Rasmusson Working Title: Bureau Chief  
Department: Iowa Department of Public Health Division/Bureau/Section: EH/RAD Health/Radioactive Materials  
Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)  
City (Cities) Traveling To: Kansas City, MO Dates of Travel: Mar 14 -16, 2011  
(If after June 30, 2011 - you DO NOT need this waiver.)  
Funding Source: ☐ Appropriated State:     % ☐ Federal:      Other: 100% If Other, Specify: Retained Fees  
(If the coding for the travel claim is appropriation 0000 - you DO NOT need this waiver.)  
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$499.87  
Does this Trip Require Executive Council Approval for Conference/Convention? No: ☐ Yes: ☒  
If Yes, Have You Received Approval? No: ☐ Yes: ☒ If Yes, Date: February 14, 2011  
Reason for Travel Waiver (Select one)  
☐ Fulfills statutorily required duties. (Cite the specific statute.)       
☐ Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)       
☒ X Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)  
Update of current regulations regarding the radiological response and to refine the Amber Waves participation for the State of Iowa. This Conference is job related and needed for Iowa to remain at the front of incident management of radiological events.  
Department Director Signature: Mariannette Miller-Meeks, MD Date: 5/24/11  
Department Director Printed Name: Mariannette Miller-Meeks, MD

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**MAY 31 2011**

**EXECUTIVE COUNCIL**  
**Out-Of-State Travel Waiver Justification**

000 377

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*Please answer all of the questions listed below.*

Number of People on Trip: 4  
Name of Person Attending: Jonathan Degen Working Title: Trooper Pilot  
Department: 595-Public Safety Division/Bureau/Section: Iowa State Patrol  
Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)  
City (Cities) Traveling To: Sanford and Raleigh, NC Dates of Travel: May 30, 2011-June 1, 2011  
Funding Source: ☒ Appropriated State: 100% ☐ Federal: ☐ Other:     % If Other, Specify:       
(If the appropriated state funds are 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$1744.00

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☒ If Yes, Date:     

Reason for Travel Waiver (Select one)

- ☐ Fulfills statutorily required duties (Cite the specific statute)
- ☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)
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Four Trooper Pilots will be flying two aircraft to North Carolina to have FLIR units installed. FLIR is very useful in searching for lost children and dementia patients in darkness and areas where it is difficult to search. FLIR has also been demonstrated to be successful in criminal apprehension. This flight is over mountains and is unsafe with one pilot per plane. The ISP does not have an aircraft available to transport four pilots back to Iowa.

Department Director Signature *[Signature]* Date: 5/25/11

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- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

**Executive Council Approval**

**APPROVED**  
**Executive Council**  
**MAY 31 2011**



000 378

# EXECUTIVE COUNCIL

## Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.  
If more than one employee is traveling, a separate form must be completed for each person.  
See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

*Please answer all of the questions listed below.*

Number of People on Trip: 4

Name of Person Attending: Michael Current Working Title: Trooper Pilot

Department: 595-Public Safety Division/Bureau/Section: Iowa State Patrol

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Sanford and Raleigh, NC Dates of Travel: May 30, 2011-June 1, 2011

Funding Source: ☒ Appropriated State: 100% ☐ Federal: ☐ Other:     % If Other, Specify:       
(if the appropriated state funds are 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$1744.00

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☒ If Yes, Date:     


Reason for Travel Waiver (Select one)

☐ Fulfills statutorily required duties (Cite the specific statute)     

☐ Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)     

☒ Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.

Four Trooper Pilots will be flying two aircraft to North Carolina to have FLIR units installed. FLIR is very useful in searching for lost children and dementia patients in darkness and areas where it is difficult to search. FLIR has also been demonstrated to be successful in criminal apprehension. This flight is over mountains and is unsafe with one pilot per plane. The ISP does not have an aircraft available to transport four pilots back to Iowa.

Department Director Signature  Date: 5/25/11

*This form must be signed by a department head or agency director. Email a PDF of the form to [executivecouncil@iowa.gov](mailto:executivecouncil@iowa.gov)*

**Additional information to assist you in completing this form.  
See Fact Sheet for more complete information.**

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Executive Council Approval

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# EXECUTIVE COUNCIL

## Out-Of-State Travel Waiver Justification

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See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

*Please answer all of the questions listed below.*

Number of People on Trip: 4

Name of Person Attending: Brian Bartels Working Title: Trooper Pilot

Department: 595-Public Safety Division/Bureau/Section: Iowa State Patrol

Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒ (If No, you do not need this waiver)

City (Cities) Traveling To: Sanford and Raleigh, NC Dates of Travel: May 30, 2011-June 1, 2011

Funding Source: ☒ Appropriated State: 100% ☐ Federal: ☐ Other:     % If Other, Specify:       
(If the appropriated state funds are 0% - you do not need this waiver)

Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$1744.00

Does this Trip Require Executive Council Approval for Conference/Convention? No: ☒ Yes: ☐

If Yes, Have You Received Approval? No: ☐ Yes: ☒ If Yes, Date:     


Reason for Travel Waiver (Select one)

☐ Fulfills statutorily required duties (Cite the specific statute)     

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**Executive Council Approval**

**APPROVED**  
**Executive Council**  
**MAY 31 2011**

## 000 320

**Please answer all of the questions listed below.**

Department Director Signature [Signature] Date: 5/25/11

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